

The case of epithelioma died suddenly from heart-failure in an attack of angina pectoris about four weeks after operation, and the case of sarcoma succumbed from exhaustion a year after the operation.

OBSTETRICS.

UNDER THE CHARGE OF
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A DELIVERY-STOOL IN USE AT THE PRESENT TIME IN SPAIN.

In the *Edinburgh Medical Journal*, page 771, 1895, SIMPSON describes a vessel made of strong, glazed earthenware, having a gap or opening in the anterior wall, and used at the present time by the physicians in Spain in confinement-cases. This jar or stool has a wide flange upon which a patient sits, leaning forward, while the gap in the anterior wall of the jar permits necessary examinations and the expulsion of the child. Amniotic liquid and blood escape into the jar. Simpson commends this delivery-stool for its simplicity, and for the fact that it permits absolute cleanliness.

COMPLETE INVERSION OF THE PARTURIENT UTERUS.

In the *Zeitschrift für Geburtshilfe und Gynäkologie*, Band xxxi, Heft 2, BECKMANN reports the case of a primipara, aged twenty-three years, who bore a child in normal labor in very rapid spontaneous delivery. The umbilical cord was coiled once around the neck, passing under the axilla. Immediately after the birth of the child the patient felt well, but had no further pains. Half an hour after the expulsion of the child strong pains began suddenly, accompanied by bearing-down efforts. A stream of blood was suddenly ejected from the vulva. After a few strong bearing-down pains the bleeding ceased, and also the uterine contractions. The midwife in attendance was terrified at the hemorrhage, and sent immediately for Beckmann; he found the patient in shock, and on endeavoring to palpate the uterus could not find it. Vaginal examination showed a complete inversion, with the placenta partially adherent. This was immediately removed, and an endeavor made to dilate the contraction-ring and replace the uterus. This effort failed, when a hot douche with 2 per cent. carbolic acid was employed freely to act as a stimulant. A second attempt without anæsthesia was successful, the uterus suddenly inverting under the pressure of the hand. It was again douched with hot car-

bolic acid solution, and a thorough examination revealed the pelvic organs uninjured. The condition of shock was treated by injections of camphor and ether, and by rectal injections, every three hours, of normal saline solution. The patient was given champagne frequently, and other stimulants were used hypodermatically. A complete recovery ensued. A thorough examination of the case showed that the midwife had neither pulled upon the cord nor had she attempted to express the placenta by Créde's method.

Beckmann has collected one hundred cases and studied the mode in which the accident happened. He concludes from his studies that most cases happen without interference or manipulation on the part of the midwife or physician attending the case. Most cases occur in patients between the ages of twenty and thirty years, when strong and vigorous expulsive efforts are likely to occur. He believes that vigorous spontaneous expulsion of the child is the chief cause for this accident.

THE TREATMENT OF LABOR WHEN THE POSTERIOR PARIETAL BONE PRESENTS.

Under this title GOENNER (*Zeitschrift für Geburtshilfe und Gynäkologie*, Band xxxi. Heft 2) reports eight cases, seven of which occurred in contracted pelvises, two simple flat pelvises, three flat rachitic, and one symmetrically contracted. Three of the children survived, and all of the mothers. In one case the uterus was ruptured and abdominal section performed. In one case the mother delivered herself after the position of the head was rectified by the introduction of the hand. One case was delivered by forceps, which corrected the position of the head. In the remaining cases it was necessary to turn, to use forceps, and in several to perforate to deliver the child. The favorable results for the mother indicate that the prognosis in these cases is good if operation is promptly undertaken.

THE HEIGHT OF THE FUNDUS UTERI AT VARIOUS STAGES OF LABOR.

FOTHERGILL has measured the distance from the fundus uteri to the upper margin of the pubic joint during the first stage of labor and during the second stage. He also measured the breadth of the uterus in different stages and its length. His results showed that the fundus rises three-tenths of an inch before birth; the uterus becomes narrowed laterally one and one-tenth inches before labor ends, while the measurement from the fundus to the pubes lessens one inch before birth. The length of the parturient canal is not shortened before delivery; as the child passes through the uterus into the vagina the womb grows narrow, while as labor advances the uterus is contracted antero-posteriorly. The cubic contents of the uterus are lessened. The fundus does not sink before the birth of the head.—*Edinburgh Medical Journal*, June, 1895.

HYSTERIA AND DEMENTIA IN PREGNANCY, WITH FŒTAL CONTRACTURES.

BARBOUR (*Ibid.*) reports the case of a woman, aged twenty years, unmarried, who was well during pregnancy until fœtal movements developed, and she was subjected to mental shock because of her condition. She was then seized